# **COMMUNITY COUNCIL**

Employee Warning Report

Employee’s Name:

Date of Warning:

Project:

Warning Issued by (print):

Type of Violation:  Health and Safety  Other

**Community Council Statement** (Supervisor’s Report):

Signature:

**Employee Statement** (check the appropriate statement)

I agree with the community council’s statement.

I disagree with the community council’s statement for the following reasons. (State below)

I have entered my statement of the above matter.

Employee Signature: Date:

Employer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to receive a copy of this statement for my records.

Please be aware that this report will be kept on file at the council office and the issue may be discussed at a community health and safety meeting in the future.